



State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
PO Box 712  
TRENTON, NEW JERSEY 08625-0712

DONALD T. DiFRANCESCO  
Acting Governor

JAMES W. SMITH, JR.  
Acting Commissioner  
DEBORAH C. BRADLEY  
Acting Director

**MEDICAID COMMUNICATION NO:** 01-17

**DATE:** September 13, 2001 <sup>1-800-356-1561</sup>

**TO:** County Welfare Agency Directors

**SUBJECT:** Revised Fair Hearing Request

The fair hearing request form has been revised to include a sentence in Spanish advising Spanish-speaking clients to contact your office if they have questions regarding the process. Please fill in a phone number where their questions can be answered. Additionally, the request form now contains a statement referring low-income clients to the Legal Services of New Jersey: Health Care Access Program.

Once a client's request for a fair hearing has been received by the Fair Hearing Unit, a copy of that completed request will be forwarded to your agency. This will alert you to the request for a fair hearing and the election to continue benefits so that necessary action may be taken to update the eligibility file.

After a fair hearing has been completed and a final decision has been made, a copy of the Final Agency Decision (FAD) will be forwarded to the appropriate county welfare agency. This will serve as the Director's instruction to implement that decision.

A prototype of the revised fair hearing request is attached to this communication. The format is such that it can be easily duplicated on your agency letterhead.

Questions concerning this communication should be referred to the field staff assigned to your county.

Sincerely,

Deborah C. Bradley  
Acting Director

DCB:Sa  
Attachment

C: George Di Fernando, Acting Commissioner  
William Conroy, Deputy Commissioner  
Department of Health and Senior Services

David C. Heins, Director  
Division of Family Development

Charles Venti, Director  
Division of Youth and Family Services